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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CIP of 09/474,915 12/31/1999 PAT 6,713,454 which claims benefit of 60/153,649 09/13/1999

**** FOREIGN APPLICATIONS *******
none/LCM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 06/18/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Leigh C. Main LCM</i> Examiner's Signature Initials	STATE OR COUNTRY NC	SHEETS DRAWING 3	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 4
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ADDRESS
24239

TITLE
Drug-oligomer conjugates

FILING FEE RECEIVED 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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